

STATE OF MARYLAND

Maryland Department of Health and Mental Hygiene Office of Health Care Quality Spring Grove Center • Bland Bryant Building 55 Wade Avenue • Catonsville, Maryland 21228-4663 Lawrence J. Hogan, Jr., Governor - Boyd K. Rutherford, Lt. Governor - Van T. Mitchell, Secretary

05/15/2015

Administrator Germantown Reproductive Health Services 13233 Executive Park Terrace Germantown, MD 20874

PROVIDER #SA000001
RE: NOTICE OF COMPLIANCE WITH
HEALTH COMPONENT REQUIREMENTS

Dear .

On May 11, 2015, a survey was conducted at your facility by the Office of Health Care Quality to determine if your facility was in compliance with the health requirements for Surgical Abortion Facilities.

This survey found that your facility is in compliance with the health component of the requirements.

Enclosed is the CMS form 2567L. If you have any questions, please call me at (410) 402-8040 or by fax at (410) 402-8277.

Sincerely,

Barbara Fagan

Program Manager, Ambulatory Care Programs

Office of Health Care Quality

Enclosure:

CMS 2567L

cc:

File

Office of Health Care Quality

Office of Health Care Quali	Y				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	SA00001	B. WING		05/11/2015	
NAME OF PROVIDER OR SUPPLIES	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GERMANTOWN REPRODUC	LIVE HEALIH SEF	ECUTIVE PAR TOWN, MD 2	RK TERRACE 0874		
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A 000 Initial Comments		A 000			
A relicensure survey was conducted at Germantown Reproductive Health Services on May 11, 2015. An exit interview was conducted on May 11, 2015. The center performs surgical abortion procedures. The facility includes three procedure rooms. The survey included: an on-site visit; an observational tour of the physical environment; observation of cleaning of the procedure room, patient equipment and set up; observation of the patient laboratory (blood draw) process; observation of patient ultrasound process; observation of the registered nurse pre operative assessment and (IV) intravenous start; observation of medication preparation; observation of patient education process; observation of patient discharge process; observation of patient discharge process; observation of hand hygiene; observation of instrument cleaning/sterilization process; interview of the facility's administrator, registered nurse's (RN), and medical assistants; review of the policy and procedure manual; review of the personnel files; review of quality assurance and infection control program, and review of professional credentialing. No surgical procedures were observation during this survey. A total of six clinical records were reviewed. The surgical abortion procedures that were performed between November 2014 and April 2015 were reviewed. Findings in this report are based on data present in the administrative records at the time of review. The agency's administrator and registered nurse owner was kept informed of the survey findings					

OHCO
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING: B. WING			(X3) DATE SURVEY COMPLETED				
		SA000001			05/11/2					
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13233 EXECUTIVE PARK TERRACE GERMANTOWN, MD 20874									
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A 000	given the opportuni relative to the findin survey. A key code for patie employees containe agency administrate Germantown Reprocompliance with the 10, Department of I	ressed. The agency egistered nurse owner was ty to present information ags during the course of the ents, medical staff and ed herein was provided to the	A 000							